

**CHIROPRACTIC LICENSURE  
EXAMINATION AND ENDORSEMENT  
INFORMATION AND INSTRUCTION SHEET**

**Before completing and submitting your application to our office, please read all materials and information included.**

**CONTENTS OF APPLICATION PACKET**

**You should have downloaded the following documents to apply for a chiropractic license:**

Application For Chiropractic License  
Application For A Chiropractic Temporary Permit (Examination Candidates Only) (Attached to application.)  
Verification of Chiropractic State Licensure (Attached to application.)  
Information and Instruction Sheet

Statutes and Administrative Rules which pertain to the practice of chiropractic are available to download from the Agency's website at [www.pla.IN.gov](http://www.pla.IN.gov).

**PERSONAL APPEARANCE AND JURISPRUDENCE EXAMINATION**

All applicants are required to make a personal appearance before the Board prior to licensure. After applicants have been approved by the Board, a letter will be sent with the date and time of their scheduled appearance. Prior to the appearance, on that day, applicants will be required to sit for a written examination in chiropractic jurisprudence. The examination will cover the Chiropractic Statute and Administrative Rules and the Health Professions Standards of Practice. A score of 75 or above on the examination is passing.

**AGENCY ADDRESS/PHONE NUMBER/FAX/EMAIL/WEBSITE**

Indiana Professional Licensing Agency  
402 West Washington Street, Room W072  
Indianapolis, Indiana 46204  
Staff Phone: (317) 234-2054  
FAX #: (317) 233-4236  
Website: [www.pla.IN.gov](http://www.pla.IN.gov)  
Staff Email: [pla8@pla.IN.gov](mailto:pla8@pla.IN.gov)

**BASIS FOR LICENSURE**

**EXAMINATION** – Applicants who have taken and passed Parts I, II, III, IV and physiotherapy of the National Board of Chiropractic Examiners examination and have not been licensed to practice chiropractic in another state for at least three (3) years may apply under the examination criteria.

**ENDORSEMENT** – Applicants who have been licensed to practice in another state for at least three (3) years under qualifications substantially equivalent to Indiana. If the applicant has not taken and passed Part IV of the National Board of Chiropractic Examiners examination they are required to submit verification of an oral-practical examination, which is equivalent to Part IV of the NBCE examination, administered by the state where the applicant holds an active chiropractic license.

**THE FAIR INFORMATION PRACTICE ACT**

In compliance with IC 4-1-6, this agency is notifying you that you must provide the requested information, or your application will not be processed. You have the right to challenge, correct, or explain information maintained by this agency. The information you provide will become public record. Your examination scores and grade transcripts are confidential except in circumstances where their release is required by law, in which case you will be notified.

Your Social Security Number is being requested by this state agency in accordance with IC 4-1-8-1. Disclosure is mandatory, and this record cannot be processed without it.

#### **MANDATORY DISCLOSURE OF U.S. SOCIAL SECURITY NUMBER**

Pursuant to Section 7 of the Privacy Act of 1974, you are hereby given notice that disclosure of your U.S. Social Security number on your application is mandatory for the purpose of complying with IC 25-1-5-8 and IC 4-1-8-1 which provide that the Indiana Department of Revenue may obtain Social Security numbers from the Professional Licensing Agency for tax enforcement purposes. In addition, disclosing such number is mandatory in order for the licensing board or committee to comply with the requirements of the federal National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank 42 U.S.C. §1320(a)-7e(b), 5 USC §552a, 45 CFR Part 60.1, and 45 CFR Part 61.

Failure to disclose your U.S. social security number will result in the denial of your application. Application fees are not refundable

#### **TESTING ACCOMMODATION REQUEST**

If you have a disability, which may require some accommodation in taking the jurisprudence examination, please request a **Testing Accommodation Request Form** from this office by calling (317) 234-2054. If an accommodation is not requested prior to the jurisprudence examination, we cannot guarantee the availability of the accommodation on-site.

#### **ABANDON APPLICATIONS**

If an applicant does submit all requirements within one (1) year after the date on which the application is filed, the application for licensure is abandoned without any action of the Board. An application submitted subsequent to an abandoned application shall be treated as a new application.

#### **LICENSE EXPIRATION AND CONTINUING EDUCATION**

All chiropractic licenses expire on July 1 of even numbered years. Practitioners are required to have completed twenty-four (24) hours of continuing education during the renewal period. Included within the twenty-four (24) hour requirement are eight (8) hours of courses in public health and/or risk management.

Continuing education is not required for the year in which the initial license was issued. Therefore, a person who was issued an original chiropractic license between the date of July 1 of an even numbered year and July 1 of an odd numbered year is only required to submit twelve (12) hours of continuing education including four (4) hours of public health and/or risk management courses. A person who is issued an original license after July 1 of an odd numbered year is not required to submit continuing education for the first renewal.

<b>EXAMINATION APPLICANTS INSTRUCTION SHEET</b>
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#### **APPLICATION**

Mail completed application along with all required documents listed below to the following address:

Indiana Professional Licensing Agency  
ATTN: Indiana Board of Chiropractic Examiners  
402 West Washington Street, Room W072  
Indianapolis, Indiana 46204

#### **AFFIDAVIT**

If you answer "yes" to any of the six (6) questions on the application, the applicant must explain fully in a signed and notarized affidavit, meaning an explanation or statement of facts and or events, including all related details. Describe the event including location, date and disposition. If you have a malpractice action, provide name(s) of plaintiff(s). Letters from attorneys or insurance companies are not accepted in lieu of your statement, however they may accompany your affidavit.

#### **FEE INFORMATION**

Applicants must submit a one hundred dollar (\$100.00) application fee, made payable to the Indiana Professional Licensing Agency. Checks or Money orders are acceptable.

**ALL FEES ARE NON-REFUNDABLE OR NON-TRANSFERABLE**

#### **PHOTOGRAPH**

Applicants must submit one (1) acceptable photograph, taken not earlier than one (1) year prior to the date of application. The photograph should be approximately 2 x 3 inches, head and shoulders view of the applicant only, black and white or color, of professional quality. No "Polaroid" type photographs, laminated photographs, laminated identification cards or group photographs will be accepted.

#### **OFFICIAL PRE-CHIROPRACTIC TRANSCRIPTS**

Applicants must submit official pre-chiropractic transcripts sent directly from the school(s), verifying completion of at least sixty (60) semester hours completed prior to chiropractic school.

#### **OFFICIAL CHIROPRACTIC TRANSCRIPTS**

Applicants must submit official chiropractic transcripts sent directly from the school certifying receipt of a professional chiropractic degree.

#### **NATIONAL BOARD OF CHIROPRACTIC EXAMINERS (NBCE) SCORES**

Applicants must submit an official score report sent directly from the National Board of Chiropractic Examiners (NBCE) showing completion of Parts I, II, III and IV with passing scores in all subjects, including physiotherapy. Contact the NBCE for information on how to obtain your scores and fee information at:

National Board of Chiropractic Examiners  
901 54<sup>th</sup> Avenue  
Greeley, Colorado 80634  
Telephone: (970) 356-9100  
Email: [nbce@nbce.org](mailto:nbce@nbce.org)  
Website: <http://www.nbce.org>

**VERIFICATION OF STATE LICENSURE**

Applicants must provide a "Verification of Chiropractic State Licensure" form which is included with your application for licensure, from each state in which you currently are, or have ever been, licensed, certified or registered in any regulated health profession or occupation. The top portion of this form should be completed by the applicant and sent to the appropriate state licensing board for their submission to the Indiana Professional Licensing Agency. The form may be duplicated if necessary.

**NAME CHANGE**

An official affidavit indicating any legal name change; a notarized copy of a marriage certificate or divorce decree is acceptable if your name differs from that on any of your documents.

<b>TEMPOARY PERMIT INFORMATION (Examination Applicants Only)</b>
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A Temporary Permit may be issued to an applicant who meets the following criteria:

- ▶ Applicants who are applying to take the first National Board of Chiropractic Examiners (NBCE) examination Part IV after graduation from chiropractic school or college are eligible to apply for a temporary permit.
- ▶ The Board may not issue a temporary permit to an individual who has failed an examination.
- ▶ A temporary permit issued under this section expires on the day after the Board releases the results of the Indiana chiropractic jurisprudence examination.
- ▶ A supervising chiropractor shall be exclusively responsible for the direct supervision of a holder of a temporary permit.
- ▶ A holder of a temporary permit shall not provide an independent diagnosis of a patient.

**APPLICATION AND REQUIRED DOCUMENTATION**

The applicant is required to submit an application for licensure by examination and all required documentation except for Part IV of the NBCE examination.

**APPLICATION FOR A CHIROPRACTIC TEMPORARY PERMIT**

Both the applicant and the supervising chiropractor, who is currently licensed in the State of Indiana, are required to complete the application for a chiropractic temporary permit, which is attached to the application for licensure.

**FEE**

The applicant is required to submit an additional fee of fifty dollars (\$50) including the one hundred dollar (\$100) application fee. Total fee: \$150.00.

**ALL FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE.**

After the applicant's application is received with all required documentation, the Board will consider their request for a chiropractic temporary permit. Upon successful completion of Part IV of the NBCE examination the applicant must submit an official score report directly to the Chiropractic Board. If the applicant fails to provide the score report, the Board will take action on the application for licensure at its next scheduled meeting.

<b>ENDORSEMENT APPLICANTS INSTRUCTION SHEET</b>
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Applicants who have been licensed to practice in another state for at least three (3) years under qualifications substantially equivalent to Indiana. If the applicant has not taken and passed Part IV of the National Board of Chiropractic Examiners examination they are required to submit verification of an oral-practical examination, which is equivalent to Part IV of the NBCE examination, administered by the state where the applicant holds an active chiropractic license.

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National Board of Chiropractic Examiners  
901 54th Avenue

Greeley, Colorado 80634  
Telephone: (970) 356-9100  
Email: [nbce@nbce.org](mailto:nbce@nbce.org)  
Website: <http://www.nbce.org>

### **NOT TAKEN PART III OF THE NBCE EXAMINATION**

Applicants who have taken the NBCE examination prior to September 1, 1987, are not required to submit Part III scores.

### **NOT TAKEN PART IV OF THE NBCE EXAMINATION**

Endorsement applicants who have not taken and passed Part IV of the NBCE examination are required to submit verification of an oral-practical examination, which is equivalent to Part IV of the NBCE examination, administered by the state where the applicant holds an **active chiropractic license**. Scores must be reported with the specific subject(s) and grade(s) obtained.

### **PROOF OF PRACTICE FOR THREE (3) YEARS IN ANOTHER STATE**

Endorsement applicants are required to submit satisfactory evidence to the Board that they have been licensed to practice chiropractic in another state for at least three (3) years under qualifications substantially equivalent to Indiana Board. The applicant must include a written statement, which shows the location(s) and date(s) of where they have practiced within the past three (3) years.

### **VERIFICATION OF STATE LICENSURE**

Applicants must provide a "Verification of Chiropractic State Licensure" form which is included with your application for licensure, from each state in which you currently are, or have ever been, licensed, certified or registered in any regulated health profession or occupation. The top portion of this form should be completed by the applicant and sent to the appropriate state licensing board for their submission to the Indiana Professional Licensing Agency. If a state examination was given please have the state board complete the examination area of the form. If more room is necessary to provide the examination information, please attach the information to the verification form. The form may be duplicated if necessary.

### **NAME CHANGE**

An official affidavit indicating any legal name change; a notarized copy of a marriage certificate or divorce decree is acceptable if your name differs from that on any of your documents.